



**CANDIDATE'S STATEMENT OF ORGANIZATION AND  
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

**(CFA-1)**

State Form 4604 (R13/9-10)  
Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

**PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.**

**FILE NUMBER**

1. IS THIS AN AMENDMENT? ☒ No ☐ Yes If Yes, please enter the file number in this box →

**SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.**

2. Last Name Warren Jr.		First Name John		Middle Name C.	Nickname	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee
4. Mailing Address 56 North Ewing Street				5. FAX (Optional) ( )		6. E-mail Address (Optional)
7. City Indianapolis	State IN	ZIP Code 46201	8. County Marion	9. Telephone (Day) (317) 359-2400	10. Telephone (Evening) (317) 359-2400	
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other				12. Office Sought (Include district number, if any. Not required for an exploratory committee.) Center Township Board District Five		

**SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.**

13. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name Reelect John C. Warren Jr.						
14. Mailing Address <input type="checkbox"/> Check if this is a new address 56 North Ewing Street				15. FAX (Optional) ( )		16. E-mail Address (Optional)
17. City Indianapolis	State IN	ZIP Code 46201-3525	18. County Marion	19. Telephone (317) 359-2400	20. Committee Organization Date (MM-DD-YY)	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson John C. Warren Jr.						
22. Mailing Address <input type="checkbox"/> Check if this is a new address 56 North Ewing Street				23. FAX (Optional) ( )		24. E-mail Address (Optional)
25. City Indianapolis	State IN	ZIP Code 46201-3525	26. County Marion	27. Telephone (Day) (317) 359-2400	28. Telephone (Evening) (317) 359-2400	
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) NA						
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)				31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

**SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)**

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.			Person Appointed Treasurer John C. Warren Jr.		Signature of the Committee Chairperson	
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer <input type="checkbox"/> Check if this is a new treasurer						
34. Mailing Address <input type="checkbox"/> Check if this is a new address 56 North Ewing Street				35. FAX (Optional) ( )		36. E-mail Address (Optional)
37. City Indianapolis	State IN	ZIP Code 46201-3525	38. County Marion	39. Telephone (Day) (317) 359-2400	40. Telephone (Evening) (317) 359-2400	

**SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)**

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).

Signature of Person Accepting Appointment

**SECTION E. CERTIFICATION OF STATEMENT**

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or Printed Name of Chairperson John C. Warren Jr.	Signature of Chairperson	Date (MM-DD-YY) 1-29-16
43. Typed or Printed Name of Candidate John C. Warren Jr.	Signature of Candidate	Date (MM-DD-YY) 1-29-16

**Warning:** State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).

**FOR OFFICE USE ONLY**

*Nylon H. Edwards*

JAN 29 2016

FILED